# DEAN HELLER SECRETARY OF STATE

State of Nevada 2006

#### CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

## Candidate Acknowledgement

I, \_\_\_\_\_\_\_\_\_, hereby acknowledge receipt of the required forms and filing date schedule for the reporting of contributions and expenses pursuant to the Nevada Campaign Practices Act. I understand that:

- > I must file the prescribed reports by:
  - Report No. 1 August 8, 2006
  - Report No. 2 October 31, 2006
  - Report No. 3 January 15, 2007
- A violation of the reporting of contributions and expenses is subject to a civil penalty of up to \$5,000 for each violation and payment of court costs and attorney's fees;
- I must file the required Contributions & Expenses Reports even though:
  - (1) I withdraw my candidacy;
  - (2) I have no opposition;
  - (3) I lose the primary;
  - (4) My name does not appear on either the primary or general election ballot;
  - (5) I am elected to office;
  - (6) I do not file a declaration of candidacy, but am a candidate as defined in NRS 294A.005 because I have received campaign contributions in excess of \$100; or
  - (7) I do not receive contributions and/or expend any funds (less the filing fee).
- > I UNDERSTAND THAT A MONETARY CIVIL PENALTY MAY BE ASSESSED TO ME FOR FAILURE TO TIMELY FILE THESE REPORTS. (NRS 294A.420)
- > I UNDERSTAND THAT EACH REPORT MUST BE SIGNED UNDER PENALTY OF PERJURY. (NRS 294A.120, 294A.200)

Signature

Received and Filed:

FILING OFFICER: This form is to be signed, detached and a copy is to be given to the candidate.

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Revised: Sep-05

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Market 1	In which a al
VIVIAN	PILEMAN
	1 19 1-1
Name (print)	

Office (if applicable)

Roma-	- alars 2
	District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 <sup>RD</sup> PARTY IF LOAN GUARANTEED BY 3 <sup>RD</sup> PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
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Voices of Trucker Modes Do Day 2327 Rono 84-50	- 10-3-06	2000			
6402 main	10-1-06	100.00			
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VIVIAN FREEMAN Name (print)

Office (if applicable)

District (if applicable)

Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100 Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT
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<u> </u>		

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Name (print) FREEMAN

Office (if applicable)

District (if applicable)

#### **IN KIND**

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 7 of Contributions Summary

Contributor's Name and Address	DATE OF EACH IN KIND CONTRI- BUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 <sup>RD</sup> PARTY IF LOAN GUARANTEED BY 3 <sup>RD</sup> PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN
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VIVIAN FREEMAN

Office (if applicable)

District (if applicable)

#### **Expense Categories**

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	1
Other miscellaneous expenses	J

\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

Name (print)

Office (if applicable)

#### Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Programme mail daf Lader Lom municarens	$\mathcal{D}$	8-15-0h	46.35
Tesp and Print & male	A	9-15-06	48.00
430 5-64 Ber 8950-3	D	10-13-06	2,249.46 1,092.72
Den Diggins 6to 2 Hay ans #196 Rung No 19723	E	10-26-06	62.16
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Office (if applicable)

District (if applicable)

#### **IN KIND**

### Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 11 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE

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Prescribed by Secretary of State NRS 294A 120, 294A 125, 294A 140, 294A 150, 294A 160 294A 200, 294A 210, 294A 220, 294A 362

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Name (print)

Office (if applicable)

District (if applicable)

# In Kind Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100 Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE IN KIND COMMITMENT	DATE OF EACH IN KIND COMMITMENT	AMOUNT OF EACH IN KIND COMMITMENT

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